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Applicability: Regional Centers, DSN Boards, and Contracted Service Providers

PURPOSE

The purpose of this directive is to establish a definition for critical incidents and to outline a reporting, tracking, and feedback system in order to a) provide for a coordinated, internal review of the incident, b) ensure appropriate action was taken and c) recommend appropriate measures to reduce the risk of such events occurring in the future where possible. These procedures are outlined as minimum requirements in meeting the needs of consumers and to enable Regional Centers, DSN Boards and Contracted Service Providers the guidance necessary to support life, safety and accountability efforts within these settings.

DEFINITION OF CRITICAL INCIDENTS

A Critical Incident is an unusual, unfavorable occurrence that is: a) not consistent with routine operations; b) has harmful or otherwise negative effects involving people with disabilities, employees, or property; and c) occurs in a DDSN Regional Center, DSN Board facility, other service provider facility, or during the direct provision of DDSN funded services (e.g., if a child receiving early intervention sustains a serious injury while the early interventionist is in the child's home, then it should be reported as a critical incident; however if the early interventionist is not in the home when the injury occurred then it would not be reported). Reporting requirements pursuant to state laws regarding abuse of children and vulnerable adults do not apply to altercations or acts of aggression, assault or sexual assault between people (consumers)

receiving DDSN services. All sexual assaults between consumers will be reported and investigated according to DDSN policy 533-02-DD “Sexual Assaults, Prevention and Follow-up”. Corrective/preventive action must be taken to protect and intervene whenever people receiving services may be harming themselves or others. All injuries should be thoroughly reviewed and appropriate action taken: serious consumer injuries of unknown or unexplainable origin must be reported to the appropriate state investigative agency according to 534-02-DD, “Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contracted Provider Agency”. Failure to provide proper supervision to prevent people receiving services from assaulting each other could be a form of neglect if the employee fails to intervene or provide proper supervision when they clearly have a duty to do so. Each situation should be reviewed and if it is determined that the employee failed to provide appropriate supervision which resulted in risk to the life safety of the person receiving services or if it is determined that an employee provoked, directed, encouraged or allowed a person receiving services to discipline or abuse another person the incident should be reported to the appropriate state investigation agency as outlined in DDSN directive 534-02-DD: Preventing and Reporting Abuse, Neglect or Exploitation.

NOTE: Allegations of abuse, neglect and exploitation are not considered critical incidents.
Directive 534-02-DD addresses procedures for preventing and reporting abuse, neglect or exploitation.

Examples of critical incidents include but are not limited to the following:

A. Incidents Affecting Consumers Directly

- 1) consumer accidents which result in serious injury (e.g. requires hospitalization or medical treatment at any time from injuries received; results in fractures of any bone except simple fractures of fingers or toes; lacerations which cause severe bleeding, nerve, muscle or tendon damage; injury to any internal organ; serious burns; or loss of limb)
- 2) serious acts of aggression by a consumer against a consumer requiring treatment from a physician; upon review the issue of whether staff/caregivers encouraged the altercation or failed to intervene or provide adequate level of supervision should be addressed to determine if a report of alleged abuse, neglect, or exploitation should be initiated. (Please note sexual assault must be reported according to 533-02-DD.)
- 3) contracting life threatening communicable disease
- 4) criminal arrest
- 5) consumer missing or elopement of one (1) hour or more from time discovered
- 6) possession of firearms, weapons or explosives
- 7) possession of illegal substances
- 8) law enforcement involvement (when law enforcement report is completed)
- 9) major medical (emergency and/or unexpected major medical procedures, such as a planned/scheduled surgical procedure results in emergency medical procedure; or admission to a critical care unit; does not include planned hospital admissions.)
- 10) malicious use of profane or disrespectful language to consumers

- 11) medical treatment-post medical care follow-up finds prescribed/recommended treatment not followed
- 12) medication administration errors resulting in serious adverse reactions/ poisoning
- 13) extensive damage to property due to consumer or staff actions, accidents or vandalism (e.g. valued at \$1500.00 or more; vehicle accidents/vandalism should be reported once an estimate has been received valued at \$1500.00 or more)
- 14) sexual assaults or threatened sexual assaults of one consumer to another
- 15) consumer suicide or serious suicide attempt (more than verbalizations)

B. Incidents Involving Staff

- 1) contracting life threatening communicable disease
- 2) staff injury due to consumer action
- 3) malicious use of profane or disrespectful language to consumers
- 4) possession of firearms, weapons or explosives
- 5) possession of illegal substances
- 6) substance abuse while on duty
- 7) extensive damage to property due to consumer or staff actions, accidents or vandalism (e.g. valued at \$1500.00 or more; vehicle accidents/vandalism should be reported once an estimate has been received valued at \$1500.00 or more)

C. Incidents Impacting the Facility or Program Operations

- 1) epidemic outbreaks within agency facilities
- 2) facility fires regardless of size
- 3) severe natural disasters such as storms, tornadoes, earthquakes or hurricanes
- 4) hazardous contamination of a facility or the immediate areas of the facility
- 5) any known or justifiably suspected theft or misuse of agency funds/ property or private funds/property by anyone (staff, consumer or someone in the community), that have an impact on the facility or program operations. Situations involving suspected theft, misuse, or exploitation of consumer funds must be reported under 534-02-DD, unless the incident appears to be random in nature (e.g. the consumer was in the community and was not targeted due to perceived disability).
- 6) other situations judged to be unusually significant or of high public interest

REPORTING PROCESSES

Critical incidents occurring at DDSN regional centers, DSN Board facilities, other service provider locations, or while a consumer is under the supervision of staff or a contracted employee from any aforementioned provider, shall be reported to the Director, Division of Quality Management.

When determining whether a particular event should be considered a critical incident, the best guidance is “When in doubt, then report.” The critical incident reporting system is able to screen out incidents reported as critical that later are judged to be non-critical by reviewers. The provider will receive a letter stating why the incident was not considered critical and the incident will not be entered in the DDSN database.

Reporting employee accidents/ injuries as critical incidents does not remove the responsibility of the agency to follow appropriate Human Resources practices, such as also reporting the incident to the workers compensation insurance carrier.

TYPES OF REPORTS

A. Verbal Report

If a critical incident is of such a serious nature that, in the judgment of program managers, the incident should be reported immediately, then the Facility Administrator/Executive Director/CEO or designee, shall notify the Associate State Director for Operations by telephone or if unavailable through one of the District Directors or designee. Most critical incidents do not require a verbal report.

B. Written Report

1. Initial Report

All critical incidents, with the exception of vehicle accidents/vandalism, (both those where a verbal report has been made and those where a verbal report has not been made) are to be reported in writing, via fax, to the Director, Division of Quality Management within 24 hours or the next working day of the event or whenever staff first became aware of the incident (postmarked or fax dated within that period of time).

Any vehicle accidents/vandalism incidents that meet the reporting criteria are to be reported in writing, via fax, to the Director, Division of Quality Management within 24 hours of receipt of an estimate, or the next business day.

These communications will all be accomplished via fax. The initial written report is completed using Attachment A. The Facility Administrator/ Executive Director/CEO or their designee in his/her absence will review and sign the initial report.

2. Final Report

An internal management review will be conducted of all critical incidents. Results of all reviews must be sent to the Director, Division of Quality Management within 10 working days of the incident or whenever staff first became aware of the incident (post marked or fax dated within that period of time). The final written report is completed using Attachment B.

Submission of the final report for consumers residing in ICF/MR facilities must be within five (5) working days of the incident to comply with DHEC requirements.

The report will contain the results of the review and will list recommendations to prevent or reduce where possible the recurrence of such incidents in the future. The Facility Administrator/the Executive Director//CEO or their designee will review and sign the final report.

3. Addendum to Critical Incident Report

If the disposition of the Critical Incident Review changes or additional information is discovered after the review the Addendum to Critical Incident (Attachment C) must be completed and sent to the Director, Division of Quality Management within 24 hours or the next business day of the change.

QUALITY ASSURANCE and RISK MANAGEMENT

On a regular basis DDSN quality management staff will review critical incidents, analyze data for trends, and recommend changes in policy, practice, or training that may reduce the risk of such events occurring in the future. Statewide trend data will be provided to regional centers, DSN Boards and contracted service providers to enhance awareness activities as a prevention strategy.

Each regional center, DSN Board or contracted service provider will also utilize their respective risk managers and Risk Management Committees to regularly review all critical incidents for trends and to determine if the recommendations made in the final written reports were actually implemented and are in effect.

PROCEDURES FOR NOTIFICATION OF:

Parent/Guardian or Primary Correspondent

Based on the contact information in the consumer's plan, the parent/guardian or primary correspondent will be notified of the critical incident, as soon as possible, in the most expeditious manner possible and will be kept informed of the results of the management review. At least annually, the adult consumer, with input from those important to him/her will specify who will be contacted should an incident occur. This information will be documented and readily available in the person's file. Contact information for consumers under 18 years old will be updated in their plans annually and readily available. If the service coordinator/QMRP/EI is not the person notifying the family, then the agency will assure that the service coordinator/QMRP/EI is aware of the critical incident within three (3) working days of the incident, if applicable.

Law Enforcement

Facility Administrators/ Executive Directors/CEO or their designee, should contact local law enforcement agencies directly when it is necessary to prevent further deterioration of the situation, or when state or federal laws may have been violated. They are encouraged to collaborate with the District Director or designee or Executive Staff at DDSN central office when in doubt about what external agencies should be notified.

Department of Health and Environmental Control (DHEC)

In cases where the incident involves a fire or serious injury to a consumer residing in an Intermediate Care Facility (ICF/MR) or a Community Residential Care Facility (CRCF), a written report must be filed with DHEC/Division of Health Licensing within ten (10) days of occurrence. There may be additional notification requirements to other state agencies as well, depending on the nature of the critical incident.

Media Contacts

All contacts with the media concerning critical incidents in Regional Centers should be coordinated through the State Director who shall determine the most appropriate response. Media contacts at the DSN Board/ provider organization are to be handled by the Executive Director or designee with notification to the appropriate District Director or designee of such contacts.

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(Approved)

Related Directives or Laws:

Child Protection Reform Act, Section 20-7-480, et seq.

Omnibus Adult Protection Act, Section 45-35-35, et seq.

100-28-DD: Quality Assurance and Management

200-02-DD: Financial Management of Personal Funds

200-12-DD: Management of Funds for Individuals Participating in Community Residential Programs

533-02-DD: Sexual Assault Prevention and Incident Procedure Follow-up

534-02-DD: Procedures for Preventing and Reporting Abuse, Neglect or Exploitation of
People Receiving Services from DDSN or a Contract Provider Agency

Attachments:

- A - Critical Incident Part I - Initial Report
- B - Critical Incident Part II - Final Report
- C - Addendum to Critical Incident Report